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\$300

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EPA
PERMIT NO. G-35

United States
Environmental Protection
Agency

Washington DC 20460

• JOHN A ARMSTEAD
VA/WV SECTION (3HW31)
US EPA REGIONIII
841 CHESTNUT ST.
PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)

Hazardous Waste Quantity Notification

Business Name SOLAREX CORPORATION
Business Address 1335 PICCARD DR
ROCKVILLE, MD 20850
EPA ID Number MDD064865165

Hazardous Waste Generated

0 - 100 kg/month ☐

100 - 1000 kg/month ☒

1000 kg/month or more ☐

Jonathan G. Knauft, PROCESS ENGINEER
Signature and Title

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

INSTALLATION'S EPA I.D. NO.	MDD064865165
I. NAME OF INSTALLATION	SOLAREX CORPORATION
II. INSTALLATION MAILING ADDRESS	1335 PICCARD DR ROCKVILLE, MD 20850
III. LOCATION OF INSTALLATION	1335 PICCARD DR ROCKVILLE, MD 20850

FOR OFFICIAL USE ONLY

C															COMMENTS														
C																													
15 16																													
INSTALLATION'S EPA I.D. NUMBER															APPROVED					DATE RECEIVED (yr., mo., & day)									
MDD064805165																				AUG 11 80 000123									
S															T/A C														
E															21					80 08 11									
17 18 19 20 21 22 23 24 25 26 27 28 29 30 31															16					17 18 19 20 21 22 23 24 25 26 27 28 29 30 31									

I. NAME OF INSTALLATION

[illegible]

II. INSTALLATION MAILING ADDRESS

		STREET OR P.O. BOX																									
C																											
3																											
15	16																									45	
		CITY OR TOWN																		ST.		ZIP CODE					
C																											
4																											
15	16																			60 61 62 63		64 65					

III. LOCATION OF INSTALLATION

		STREET OR ROUTE NUMBER																									
C																											
5																											
15	16																									45	
		CITY OR TOWN																		ST.		ZIP CODE					
C																											
6																											
15	16																			40		41 42 43					

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)													PHONE NO. (area code & no.)																					
C																																		
2	W	R	I	G	L	E	Y	C	H	A	R	L	E	S	S	A	F	E	T	Y	D	I	R	.	3	0	1	9	4	8	0	2	0	2
15	16																							22	23	24	25	26	27	28	29	30	31	

V. OWNERSHIP

[illegible]

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	M	<input checked="" type="checkbox"/> A. GENERATION <input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> B. TRANSPORTATION (complete item VII) <input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (*transporters only – enter “X” in the appropriate box(es)*)

☐ ⁴¹ A. AIR ☐ ⁴² B. RAIL ☐ ⁴³ C. HIGHWAY ☐ ⁴⁴ D. WATER ☐ ⁴⁵ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

S	W	M	D	D	0	6	4	8	6	5	1	6	5	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 3					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE Joseph Lindmayer	NAME & OFFICIAL TITLE (type or print) Joseph Lindmayer, President	DATE SIGNED
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III - 6th & Walnut Sts.

Philadelphia, Pa. 19106

Solarex Corp.

MDD 064 865 165

SUBJECT: RCRA Inspection-

DATE: July 20, 1982

FROM Harry J. Weber, Environmental Scientist
Superfund/RCRA Compliance Section (3AW23) *HW*

TO: File

Thru: Walter F. Lee, Chief
Superfund/RCRA Compliance Section (3AW23) *WFL*

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY
REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS
REQUIRED AT THIS TIME.



State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 W. Preston St., Balto. MD 21201

YR MO DY
8 2 0 5 1 1

DHS Inspection Form
Generators/TSD Facilities

TIME
1 2 0 0

EPA ID Number
MD 064865165

TELEPHONE
301-948-0202

Owner/Operator SOLAREX CORPORATION Facility Name SAME
Address 1455 RESEARCH BLVD, ROCKVILLE, MD 20850 Zip 20850
Description of Work Activity MANUFACTURE OF PHOTOVOLTAIC ARRAYS

I. Generators

A. Description (10.51.03.01-.03)

- Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C?
☒ Yes, ☐ No.
- Has the facility obtained an EPA identification number?
☒ Yes, ☐ No.
- Describe the amount of waste generated. (day, week or month)
11.0 TONS/MONTH
- Under which category is the waste(s)?
☒ Ignitable ☒ Reactive ☒ Corrosive
☐ EP Toxic ☐ RCRA Listed

B. Manifest (10.51.03.04)

- Is Maryland manifest system in operation for off-site shipment?
☒ Yes, ☐ No.
- Is TSD Facility to receive DHS identified by ☒ Name, ☒ Address, ☒ EPA ID Number?
- Is alternate facility identified? ☒ Yes, ☐ No.
- Is generator identified by ☒ Name, ☒ Address, ☒ Telephone Number, ☒ MD/EPA ID Number?
- Is each transporter identified by ☒ Name, ☒ EPA ID Number, ☒ Maryland Certification Number?
- Is waste properly described? ☒ Yes, ☐ No.
- Is shipment date marked? ☒ Yes, ☐ No.
- Is quantity of waste described by ☒ Unit of Weight, ☐ Volume?
- Are containers to be loaded identified by ☒ Type, ☒ Number?
- Is proper certification noted and signed by generator?
☒ Yes, ☐ No.
- Are adequate copies available for operator, transporter and TSD?
☒ Yes, ☐ No.

C. Pre-Transport Requirements (10.51.03.05)

- Is each container marked with date accumulation began?
☒ Yes, ☐ No. If yes, has any waste been stored over 90 days? ☐ Yes, ☒ No. How much

- Are containers in good condition? ☒ Yes, ☐ No. If no, explain 155 GALLON PLASTIC DRUM OF DIPA LEAKING AT TIME OF INSPECTION.
- Are containers properly labeled? ☒ Yes, ☐ No.
- Does generator have approved emergency contingency plan? ☒ Yes, ☐ No.

D. Recordkeeping and Reporting (10.51.03.06)

- Does the generator have: copies of all signed manifests from the previous three years? ☒ Yes, ☐ No; copies of each Annual Report and Exception Report?
☒ Yes, ☐ No.
- Does the generator retain, for a period of three years, all wastes analyses? ☒ Yes, ☐ No.
- Has the generator filed Exception Reports as required by 10.51.03.06 C? ☒ Yes, ☐ No.

II. Treatment, Storage, Disposal (TSD)

A. Site characterization (10.51.05.02)

- Facility Type
☒ Thermal Treatment ☐ Biological Treatment
☒ Recycling/Recovery ☐ Land Treatment
☒ Waste Oil ☐ Incineration
☒ Chemical Treatment ☐ Landfill Operation
☒ Physical Treatment ☐ Below Ground Tanks
☒ Open Pile ☐ Other
☒ Surface Impoundment
☒ Drums
☒ Above Ground Tank(s)

- Does facility generate DHS? ☐ Yes, ☒ No.
- Does facility have waste analysis plan? ☐ Yes, ☒ No. If yes, are the procedures of that plan being followed?
☐ Yes, ☒ No.
- Can facility personnel identify DHS being handled?
☐ Yes, ☒ No.
- Can facility personnel confirm that DHS received equal those on manifest for it? ☐ Yes, ☒ No.
- Is there a 24-Hour surveillance system to monitor active portion of facility? ☐ Yes, ☒ No.
- If No, is there an artificial or natural boundary? ☐ Yes, ☒ No. Is there a means to control entry? ☐ Yes, ☒ No. Is there a restricted access sign posted?
☐ Yes, ☒ No.
- Does facility have: ☐ emergency equipment inspection log, ☐ written schedule for inspections, ☐ security devices, operating & structural prevention equipment?
- Have facility personnel completed classroom/on-site training? ☐ Yes, ☒ No. Are records maintained of: ☐ Job titles/names of employees, ☐ job descriptions, ☐ Type/amount of continuing training?
- Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed?
☐ Yes, ☒ No.

B. Preparedness and Prevention (10.51.05.03)

- Facility has the following equipment? ☐ Internal communication/alarm system for on-site personnel, ☐ device for summoning emergency assistance, ☐ adequate fire control equipment, water, & suppression chemicals, ☐ list of aforementioned equipment.
- Does facility have adequate area for emergency movement?
☐ Yes, ☒ No.

C. Contingency Plan and Emergency Procedures (10.51.05.04)

- Does facility have an approved contingency plan for: Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water? ☐ Responding emergency units to provide assistance during emergency situations? ☐ A list of emergency equipment needed to cope with situation?
- Are emergency response coordinators listed by name, address, & phone number? ☐ Yes, ☒ No.
- Is there an evacuation plan if recommended? ☐ Yes, ☒ No.
- Are emergency coordinators available on twenty-four hour basis? ☐ Yes, ☒ No.

D. Manifest System, Recordkeeping, and Reporting (10.51.05.05)

- Facility has a written operating record which contains the following information:
- ☐ description & quantity of DHS received.
 - ☐ method & date of DHS treatment, storage, or disposal.
 - ☐ location & quantity at each DHS location in facility.
 - ☐ detailed records & results of waste analysis & treatment tests performed.
 - ☐ detailed operating summary reports.
 - ☐ description of emergency incidents that required implementation of contingency plan.
 - ☐ records & results of inspections of emergency equipment, TSD systems & hazardous waste areas.
 - Has facility retained, for at least 3 years, copies of all manifests? ☐ Yes, ☒ No.

- 5) Are the following items maintained in the operating record: _____ on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks? _____ contents of each cell and approximate location of each hazardous waste type within the cell?
- 6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? _____ Yes, _____ No. If yes: _____ Is a leachate collection system available to remove leachate?, and _____ is the liquid stabilized or treated physically or chemically prior to disposal?
- 7) Are empty containers crushed flat or shredded before burial in the landfill? _____ Yes, _____ No.
- 8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? _____ Yes, _____ No. If yes, describe containers on comments below.
- 9) Are ignitable or reactive wastes placed in a landfill? _____ Yes, _____ No. If yes: _____ Is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? _____ Are incompatible wastes segregated in different landfill cells?

M. Incinerator/Thermal Treatment (10.51.05.15 & .16)

- 1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following: _____ heating value of the waste; _____ halogen content and sulfur in the waste; _____ concentrations of lead and mercury unless documented data is available which show these elements not to be present?
- 2) Are instruments related to combustion and emission control monitored at least every 15 minutes? _____ Yes, _____ No.
- 3) Is the stack plume observed visually at least hourly for color and opacity? _____ Yes, _____ No, _____ N/A.
- 4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? _____ Yes, _____ No.
- 5) Is all of the above information documented in the facility's operating record? _____ Yes, _____ No.

N. Chemical, Physical and Biological Treatment (10.51.05.17)

- 1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? _____ Yes, _____ No.
- 2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) _____ Yes, _____ No.

- 3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? _____ Yes, _____ No.
- 4) Is this information recorded in the facility's operating record? _____ Yes, _____ No.
- 5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? _____ Yes, _____ No.
- 6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? _____ Yes, _____ No.
- Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? _____ Yes, _____ No.
- 8) Are the results of these inspections recorded in an inspection log or summary? _____ Yes, _____ No.
- 9) Are ignitable or reactive wastes placed in a treatment process? _____ Yes, _____ No. If yes: _____ Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations? _____ Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?
- 10) Are incompatible wastes kept from being placed in the same treatment process or equipment? _____ Yes, _____ No.

O. Permit Requirements (10.51.07)

- 1) Does the facility have a DHS permit for its activity? _____ Yes, _____ No.
- If no, has the facility submitted an application for a DHS permit? _____ Yes, _____ No.
- 2) List any special Permit requirements that are not in full compliance.

Comments: ① No centralized storage area for waste DHS products. 16 drums of NaOH and HCl stored along a corridor. Also present were 1 drum of Nitroethene chloride and 1 drum of Electroless Nickel. One drum of NaOH in plastic drum leaking at time of inspection. TRI contacted to over-pack drum.

② Drums not properly labeled, marked or display accumulation dates.

Inspector's Name: James W. Webb

Title: Regional Inspector

Facility Location: 1455 Research Blvd, Rockville, MD 20850

Facility Rep. present during inspection: Charles Y. Hargis

Title: V.P. R&D, Safety Director



State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 West Preston Street, Baltimore, Maryland 21201

Report of Observations

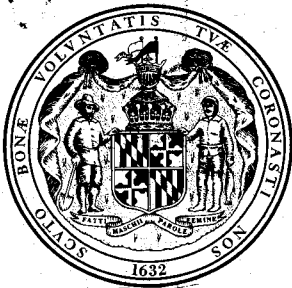
Type of Inspection/Observations: DHS GENERATOR Date May 18, 1982

Facility Name: SOLARIX CORPORATION, 1335 VILCOCK DRIVE, ROCKVILLE, MD 20850

Remarks: INSPECTION OF STORAGE AREA THIS DATE REVEALED THE FOLLOWING IMPROVEMENTS:

- ① ALL DRUMS IN STORAGE AREA PROPERLY SEALED.
- ② ALL CONTAINERS IN STORAGE AREA PROPERLY LABELED.
- ③ ACCUMULATION DATES INCLUDED ON ALL CONTAINERS.
- ④ PLANS UNDERWAY TO UPGRADE PRESENT STORAGE AREA. WHEN PLANS ARE FINALIZED AND IMPROVEMENTS ARE INITIATED, CLEANUP OF SPILLED OIL WILL BE COMPLETED.

James W. [Signature]
[Signature]



State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 W. Preston St., Balto. MD 21201

YR MO DY
8 2 0 5 1 1

DHS Inspection Form
Generators/TSD Facilities

TIME

1 1 0 0

EPA ID Number

MD0044865165

TELEPHONE

301-948-0202

Owner/Operator SOLAREX CORPORATION Facility Name SAME
Address 1335 PICCARD DRIVE, ROCKVILLE, MONTGOMERY CO, MD Zip 20850
Description of Work Activity MANUFACTURE OF PHOTOVOLTAIC ARRAYS

I. Generators

A. Description (10.51.03.01-.03)

- 1) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C? ☒ Yes, ☐ No.
2) Has the facility obtained an EPA identification number? ☒ Yes, ☐ No.
3) Describe the amount of waste generated. (day, week or month)
7.2 TONS/MONTH
4) Under which category is the waste(s)?
☒ Ignitable ☒ Reactive ☒ Corrosive
☐ EP Toxic ☒ RCRA Listed

B. Manifest (10.51.03.04)

- 1) Is Maryland manifest system in operation for off-site shipment? ☒ Yes, ☐ No.
2) Is TSD Facility to receive DHS identified by ☒ Name, ☒ Address, ☒ EPA ID Number?
3) Is alternate facility identified? ☒ Yes, ☐ No.
4) Is generator identified by ☒ Name, ☒ Address, ☒ Telephone Number, ☒ MD/EPA ID Number?
5) Is each transporter identified by ☒ Name, ☒ EPA ID Number, ☒ Maryland Certification Number?
6) Is waste property described? ☒ Yes, ☐ No.
7) Is shipment date marked? ☒ Yes, ☐ No.
8) Is quantity of waste described by ☒ Unit of Weight, ☐ Volume?
9) Are containers to be loaded identified by ☒ Type, ☐ Number?
10) Is proper certification noted and signed by generator? ☒ Yes, ☐ No.
11) Are adequate copies available for operator, transporter and TSD? ☒ Yes, ☐ No.

C. Pre-Transport Requirements (10.51.03.05)

- 1) Is each container marked with date accumulation began? ☒ Yes, ☐ No. If yes, has any waste been stored over 90 days? ☐ Yes, ☐ No. How much _____
2) Are containers in good condition? ☒ Yes, ☐ No. If no, explain _____
3) Are containers properly labeled? ☐ Yes, ☒ No.
4) Does generator have approved emergency contingency plan? ☒ Yes, ☐ No.

D. Recordkeeping and Reporting (10.51.03.06)

- 1) Does the generator have: copies of all signed manifests from the previous three years? ☒ Yes, ☐ No; copies of each Annual Report and Exception Report? ☒ Yes, ☐ No.
2) Does the generator retain, for a period of three years, all wastes analyses? ☒ Yes, ☐ No.
3) Has the generator filed Exception Reports as required by 10.51.03.06 C? ☒ Yes, ☐ No.

II. Treatment, Storage, Disposal (TSD)

A. Site characterization (10.51.05.02)

- 1) Facility Type
☐ Thermal Treatment ☐ Biological Treatment
☐ Recycling/Recovery ☐ Land Treatment
☐ Waste Oil ☐ Incineration
☐ Chemical Treatment ☐ Landfill Operation
☐ Physical Treatment ☐ Below Ground Tanks
☐ Open Pile ☐ Other
☐ Surface Impoundment
☐ Drums
☐ Above Ground Tank(s)

- 2) Does facility generate DHS? ☐ Yes, ☐ No.
3) Does facility have waste analysis plan? ☐ Yes, ☐ No. If yes, are the procedures of that plan being followed? ☐ Yes, ☐ No.
4) Can facility personnel identify DHS being handled? ☐ Yes, ☐ No.
5) Can facility personnel confirm that DHS received equal those on manifest for it? ☐ Yes, ☐ No.
6) Is there a 24-Hour surveillance system to monitor active portion of facility? ☐ Yes, ☐ No. If No, is there an artificial or natural boundary? ☐ Yes, ☐ No. Is there a means to control entry? ☐ Yes, ☐ No. Is there a restricted access sign posted? ☐ Yes, ☐ No.
7) Does facility have: ☐ emergency equipment inspection log, ☐ written schedule for inspections, ☐ security devices, operating & structural prevention equipment?
8) Have facility personnel completed classroom/on-site training? ☐ Yes, ☐ No. Are records maintained of: ☐ Job titles/names of employees ☐ job descriptions, ☐ Type/amount of continuing training?
9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed? ☐ Yes, ☐ No.

B. Preparedness and Prevention (10.51.05.03)

- 1) Facility has the following equipment? ☐ Internal communication/alarm system for on-site personnel, ☐ device for summoning emergency assistance, ☐ adequate fire control equipment, water, & suppression chemicals, ☐ list of aforementioned equipment.
2) Does facility have adequate area for emergency movement? ☐ Yes, ☐ No.

C. Contingency Plan and Emergency Procedures (10.51.05.04)

- 1) Does facility have an approved contingency plan for: ☐ Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water? ☐ Responding emergency units to provide assistance during emergency situations? ☐ A list of emergency equipment needed to cope with situation?
2) Are emergency response coordinators listed by name, address, & phone number? ☐ Yes, ☐ No.
3) Is there an evacuation plan if recommended? ☐ Yes, ☐ No.
4) Are emergency coordinators available on twenty-four hour basis? ☐ Yes, ☐ No.

D. Manifest System, Recordkeeping, and Reporting (10.51.05.05)

Facility has a written operating record which contains the following information:

- 1) ☐ description & quantity of DHS received.
2) ☐ method & date of DHS treatment, storage, or disposal.
3) ☐ location & quantity at each DHS location in facility.
4) ☐ detailed records & results of waste analysis & treatability tests performed.
5) ☐ detailed operating summary reports.
6) ☐ description of emergency incidents that required implementation of contingency plan.
7) ☐ records & results of inspections of emergency equipment, TSD systems & hazardous waste areas.
8) Has facility retained, for at least 3 years, copies of all manifests? ☐ Yes, ☐ No.

Received on 5/18/82 Report of observation as attached per

- 5) Are the following items maintained in the operating record: _____ on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks? _____ contents of each cell and approximate location of each hazardous waste type within the cell?
- 6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? _____ Yes, _____ No. If yes: _____ is a leachate collection system available to remove leachate?, and _____ is the liquid stabilized or treated physically or chemically prior to disposal?
- 7) Are empty containers crushed flat or shredded before burial in the landfill? _____ Yes, _____ No.
- 8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? _____ Yes, _____ No. If yes, describe containers on comments below.
- 9) Are ignitable or reactive wastes placed in a landfill? _____ Yes, _____ No. If yes: _____ is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? _____ Are incompatible wastes segregated in different landfill cells?

M. Incinerator/Thermal Treatment (10.51.05.15 & .16)

- 1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following:
 _____ heating value of the waste;
 _____ halogen content and sulfur in the waste;
 _____ concentrations of lead and mercury unless documented data is available which show these elements not to be present?
- 2) Are instruments related to combustion and emission control monitored at least every 15 minutes? _____ Yes, _____ No.
- 3) Is the stack plume observed visually at least hourly for color and opacity? _____ Yes, _____ No, _____ N/A.
- 4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? _____ Yes, _____ No.
- 5) Is all of the above information documented in the facility's operating record? _____ Yes, _____ No.

N. Chemical, Physical and Biological Treatment (10.51.05.17)

- 1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? _____ Yes, _____ No.
- 2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) _____ Yes, _____ No.

- 3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? _____ Yes, _____ No.
- 4) Is this information recorded in the facility's operating record? _____ Yes, _____ No.
- 5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? _____ Yes, _____ No.
- 6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? _____ Yes, _____ No.
- 7) Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? _____ Yes, _____ No.
- 8) Are the results of these inspections recorded in an inspection log or summary? _____ Yes, _____ No.
- 9) Are ignitable or reactive wastes placed in a treatment process? _____ Yes, _____ No. If yes:
 _____ Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations?
 _____ Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?
- 10) Are incompatible wastes kept from being placed in the same treatment process or equipment? _____ Yes, _____ No.

O. Permit Requirements (10.51.07)

- 1) Does the facility have a DHS permit for its activity? _____ Yes, _____ No.
 If no, has the facility submitted an application for a DHS permit? _____ Yes, _____ No.
- 2) List any special Permit requirements that are not in full compliance.

Comments: SEE ATTACHED REPORT OF OBSERVATIONS.

ALL WASTE DHS ARE PICKED UP EVERY TWO-THREE WEEKS BY AMERICAN RECOVERY AND TRIANGLE RESOURCE INDUSTRIES.

STORAGE AREA HAS NO CURBING OR OTHER CONTAINMENT DEVICE TO CONTROL SPILLAGE.

Inspector's Name: Charles W. Niles Title: Regional Inspector
 Facility Location: 1335 PICCARD DRIVE ROCKVILLE MD 20850
 Facility Rep. present during inspection: Charles H. Whitley Title: V.P. R&D, Safety Director

Reviewed on 5/18/82 Report of Observations as attached per N/A



Type of Inspection/Observations: DAS Generator Date May 11, 82
Facility Name: SOLAROX CORPORATION, 1335 PICCARD DRIVE ROCKVILLE MONTGOMERY CO MD

Remarks: FACILITY STORES HAZARDOUS WASTE MATERIALS WITHIN A FENCED AND SECURED AREA TO REAR OF BUILDING. ACCORDING TO MR. CHARLES WRIGHT DIRECTOR OF RESEARCH AND DEVELOPMENT WASTES ARE STORED LESS THAN 90 DAYS AND ARE TRANSPORTED BY ~~TRUCKS~~ ^{THIRTY-ONE RESOURCE INDUSTRIES AND} ~~WASTE MANAGEMENT~~ ^{AMERICAN RECOVERY.} THE 55 GALLON DRUMS ARE PICKED UP EVERY 2-3 WEEKS.

INSPECTION OF THE STORAGE AREA REVEALED THE FOLLOWING:

- ① SPILLAGE OF UNKNOWN MATERIALS NOTED INSIDE AND OUTSIDE OF FENCED AREA. THIS CONTAMINATED SOIL MUST BE REMOVED, PLACED IN DRUMS AND PROPERLY DISPOSED.
- ② TWO 55 GALLON DRUMS NOT PROPERLY SEALED. ONE DRUM OF HCl AND ONE NaOH AND ONE DRUM OF ORGANIC SOLVENT. IN ADDITION, 3 FIVE GALLON PLASTIC CONTAINERS OF UNKNOWN MATERIAL NOT SEALED. ALL CONTAINERS MUST BE PROPERLY SEALED WHEN PLACED IN STORAGE AREA.
- ③ DRUMS IN STORAGE AREA NOT PROPERLY LABELED OR MARKED IN ACCORDANCE WITH REGULATIONS.
- ④ DECONTAMINATION DATES NOT MARKED ON EACH STORAGE CONTAINER.

Corrective Action on All the Above Items should be initiated immediately.

James W. Huber

Mr. Wright



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MD064865165

INSTALLATION ADDRESS

**SOLAREX CORPORATION
1335 PICCARD DR
ROCKVILLE**

MD 20850

**1335 PICCARD DR
ROCKVILLE**

MD 20850